Attention: Steve Auer, JTA ROC
CY 2003 (1/1/03 - 12/31/03) Argos JTA Requirements Worksheet
For Help, see Worksheet Instructions and Examples on JTA website: http://www.ogp.noaa.gov/argos

Program Number(s): _____ Program Title: _____ Location: _____

Name: _____ E-Mail: _____ Affiliation: _____

Billing Address: _____

SERVICE CATEGORY	TYPE of Platforms (Drifting Buoy, Caribou, Seal, etc.)	NUMBER of ACTIVE PLATFORMS (Ptt's)	A Number of Days of Transmission for ALL Ptt's in CY 2003 **	B Service Category Year COEFFICIENT	OPTION 1 SERVICE ARGOS COLLECTION Platform Yrs (Ptt/yr) (A X B)	OPTION 2 ROC COLLECTION Commitment Platform Yrs (Ptt/yr) (A X B)
1 - Standard (Location & Data)				X 0.00274 =		
2 - Standard (Data only)				X 0.00137 =		
1a - Limited Use			** see below	X 0.00274 =		
3 - Back-up (Location & Data)				X 0.00110 =		
4 - Back-up (Data only)				X 0.00055 =		
5 - Inactive				X 0.00045 =		
Total Active Platforms =			** For 1a: Count only the first	D. Total Ptt/yr =		
			10 days for each Ptt per month,	E. Ptt/yr Rate =	X $4,270.00	X $3,900.00
			e.g., 120 days for 2 Ptt for 6 months.	F. Est. Cost = (D X E)	$	$

RETURN via FAX at: (301) 427-2222
   or via Mail to: NOAA/OGP, JTA ROC: Steve Auer
        1100 Wayne Ave., Suite 1210
        Silver Spring, MD 20910-5603
   or via E-Mail to: Stephen.Auer@noaa.gov - Change file name to your name

PLEASE CHOOSE ONE JTA PAYMENT COLLECTION OPTION below (see cost estimate options above)

_____ Option 1. Have Service Argos, Inc., bill me via regular Quarterly Invoice for Actual JTA Quarterly Use
        (Note: The first quarterly bill will include CY 2002 JTA costs and credit/debit on current ROC JTA Account.)
_____ Option 2. Annual Collection by ROC; I agree to PAY in Advance for above FY 2003 estimated use
        and any Past Due costs by 6/30/03. Select ONE Invoice Choice:
            ____ Send Separate Invoice for each Program to above Billing Address.
            ____ One Consolidated Invoice for ALL my Programs to above billing Address.
            ____ My Program costs are paid for Directly by the Identified Agency & contact below.
            Please send copy of this worksheet to Agency contact for billing.
              ____ NOAA   ____ NSF   ____ ONR ____ NAVOCEANO

        Funding Contact: _____ Grant/Contract #: _____